

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 1,445,842.19**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 1,445,842.19**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 540.87**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,416,664.87**4. Total liabilities**
Lines 2 + 3a + 3b\$ 3,417,205.74

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	HSBC Bank NA	Checking	8038	\$0.00
3.2.	HSBC Bank NA	Checking	8020	\$524.29
3.3.	HSBC Bank NA	Checking	8011	\$301.65
3.4.	Barclay's Bank PLC, London	Checking	9300	\$231.77
3.5.	Barclay's Bank PLC, London	Checking	9899	\$4,396.73
3.6.	Axos Bank Account	Checking	4618	\$500.00

4. Other cash equivalents (Identify all)

Debtor STA Travel Inc.
NameCase number (If known) 21-105114.1. Approximate amount representing checks to be deposited \$48,544.335. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$54,498.77**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Cash Bond with First Data Merchant Services Corp \$1,000,000.007.2. Cash Bond with Worldpay \$21,343.428. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Deposits - Landlords (\$391,767.52) - Tempe Lease

(Deposit on Tempe lease is claimed by STA Travel International Ltd. (UK entity) through

8.1. SBLOC issue by UK Entity \$0.008.2. Prepayments - Insurance (shown on July 2020 Balance Sheet as \$45,135.60) Unknown8.3. Other Prepayments - \$25,843.60 shown on July 2020 Balance Sheet. Unknown9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,021,343.42**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>390,000.00</u>	-	<u>50,000.00</u>	=...	<u>\$340,000.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$340,000.00

Debtor STA Travel Inc.
NameCase number (If known) 21-10511**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Staplers, paperclips, pens, pencils, notepads, ISIC "card stock" (plastic debit-card type gift card for customers with no market value); miscellaneous marketing publication, collateral-brochures/pens/chapsticks/clips/shirts/flashes/sunglasses, etc., tent, ladder, plates and silverware.		\$40,332.00	Replacement	\$0.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Debtor STA Travel Inc.
NameCase number (If known) 21-10511**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Luxury conference room chairs-Red leather chairs 16 46 office chairs 4 trash cans 40 workstation desks 2 large conference tables (1-wood surf board shape, 1- regular) Large office furniture/corner desk 2 l-shaped desks 15-20 under desk wire shelves 3 Vari-desk (raise desk attachments) 5 shelving units (large cabinets and storage) Ceiling tiles (10) Air filters (4) 5 training desks 2 tables/4 benches	\$10,000.00	N/A	\$10,000.00
40. Office fixtures Fixed Assets - Leasehold Property 0.00 Fixed Assets - Leasehold Improvement 512,506.14 Fixed Assets - Fixtures and Fittings 513,891.36 Fixed Assets Module Suspense 0.00 Assets Under Construction 0.00	\$1,026,397.00	WAG	\$10,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software Fixed Assets - Office Equipment 71,450.39 Fixed Assets - Computer Equipment 1,280,426.14 Fixed Assets - Telephone Equipment 251,357.00 Fixed Assets - Software 515,755.85	\$2,118,988.00	WAG	\$10,000.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$30,000.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No			

Debtor STA Travel Inc.
NameCase number (If known) 21-10511☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets All intellectual property is owned by Swiss DK parent and licensed to Debtor pursuant to terms of 2015 Assignment Agreements	\$0.00		\$0.00
	License to use Trademarks, Trade Names, Domain Name	\$0.00		\$0.00
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer Lists	Unknown		\$0.00

64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☐ No
- ☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
- ☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No

Debtor STA Travel Inc.
Name

Case number *(If known)* 21-10511

☐ Yes

Part 11: **All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor STA Travel Inc.
NameCase number (If known) 21-10511**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$54,498.77	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,021,343.42	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$340,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$30,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,445,842.19	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,445,842.19

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Dallas County Tax Assessor - Collector PO Box 139066 Dallas, TX 75313 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (9)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Taxes that may be owed Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.87	\$0.00
2.2	Priority creditor's name and mailing address State of Delaware P.O. BOX 830 Wilmington, DE 19899 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (9)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: License Fee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
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2.3	Priority creditor's name and mailing address State of Vermont 133 State Street Montpelier, VT 05633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Proposed State Tax
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (9)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 722 Owners Corporation ABC Realty 152 West 57th Street, 12th Floor New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NYC Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.01
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3.2	Nonpriority creditor's name and mailing address ABBY MADISON STEWART Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274.73
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3.3	Nonpriority creditor's name and mailing address ABBY MADISON STEWART Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274.73
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3.4	Nonpriority creditor's name and mailing address Abenity 725 Cool Springs Blvd Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monthly hosting & support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
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3.5	Nonpriority creditor's name and mailing address Abenity 725 Cool Springs Blvd Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monthly hosting & support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.6	Nonpriority creditor's name and mailing address Acadia Mezzofanti POB 1324 Marblehead, MA 01945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$547.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Acadia Mezzofanti POB 1324 Marblehead, MA 01945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$547.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Adrian Gonzalez 400 W Houston Ave McAllen, TX 78501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$656.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Afua Asenso 314 E 84th St Apt 9 New York, NY 10028-4491 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$211.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address AINSELY VIOLET RONCO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$569.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Alan Mathieu 55 DEER HILL AVE WESTBROOK, ME 04092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,808.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address ALANNAH VILLETTE Badii Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$710.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.13	Nonpriority creditor's name and mailing address ALDEN PATRICK HOLZWARTH Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$733.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Alexa Valentina Alvarado <div style="background-color: black; height: 1.2em; width: 100%;"></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$319.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Alexander McNeill 2575 6th Ave W SEATTLE, WA 98119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$443.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address ALEXANDER TREVOR HOWSON 262 Danny Thomas Place Mailstop 323 Memphis, TN 38105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$190.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Alexander Weber 6492 E night glow Scottsdale, AZ 85266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$663.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Alexandra Chaffee PO Box 2012 Midlothian, VA 23113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$744.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Alexandra Cox PO Box 211 Echo, OR 97826 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$688.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.20	Nonpriority creditor's name and mailing address Alexandra Tsurikova 863 Indigo Way # C Indianapolis, IN 46260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,174.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Alexis Blackburn 6980 Reilly Dr. Gregory, MI 48137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$439.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Alexis Luciana Carradorini 895 Longfield Dr Blue Bell, PA 19422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$283.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 170px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Alicia Anderson <div style="background-color: black; height: 15px; width: 110px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 165px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$725.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address ALINA VENITIA OFFERMAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,274.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Aliza Davia Geracht Myers 343 Ogden Ave Jersey City, NJ 07307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$365.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.27	Nonpriority creditor's name and mailing address Allison Irene Leczycki 5079 Kingston Drive HOFFMAN ESTATES, IL 60010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$392.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Amadeus 3470 NW 82nd Avenue, STE 1000 Miami, FL 33122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$171.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monthly service charge / product charges / other charges -July & Aug 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address AMANDA WANG 6805 MIMOSA CIRCLE TUCKER, GA 30084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$410.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Amani Fawaz 412 43rd St Brooklyn, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$276.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address Amani Fawaz 412 43rd St Brooklyn, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$158.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Amankwaa Frimpongmaa 8557 Richmond Highway Apt 302 Alexandria, VA 22309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$169.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address Amber Abila 14000 Winding River Ct #S1 Broomfield, CT 80023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$281.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
--------	-------------------------	------------------------	----------

3.34	Nonpriority creditor's name and mailing address Amber Lyn Kela 7 Harper Terrace Carthage, NY 13619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,461.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Amelia Brandt 2008 Viburnum Ct Apt 1C Tipp City, OH 45371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,312.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Amelia Jane Murphy 3 Alexandria Dr Nantucket, MA 02554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$512.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Amex P.O. BOX 329000 WESTON, FL 33332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,547.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card - Non Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Amherst College B-5 Converse Hall PO Box AC#2207 Amherst, MA 01102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,149.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 150px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 200px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address Amy Zornow 290 Prestwicke Blvd Algonquin, IL 60102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor STA Travel Inc.
NameCase number (if known) 21-10511

3.41	Nonpriority creditor's name and mailing address ANASTASIA MARGUERITE HOWE BUKOWSKI ██████████ ██████████ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$282.80</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Andrea Benson 17 Pewter Rock Webster, NY 14580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$265.70</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Andrea Benson 17 Pewter Rock Webster, NY 14580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$254.21</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address ANDREA KATHERYN GAPSCH Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$979.48</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Andres Alfredo Lovon Roman 7226 Mayflower Hill Waterville, ME 04901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$300.29</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Andrew James Baker Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$280.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Andrew William Moratto ██████████ ██████████ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$555.30</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.48	Nonpriority creditor's name and mailing address ANGELA banks Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$624.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Angela Marie Patinos 637 Carlton Ave Apt 2 Brooklyn, NY 11238 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,012.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address ANJULI ELIZABETH PONCE GARCIA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$463.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address ANNA KAROLIINA LAINE Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,266.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address Anna Lauren Sernka 16347 SHERIDAN DRIVE Parker, CO 80134 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$459.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address Anne Craig Ryan 813 merrill rd Ambler, PA 19002 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$738.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address Anne Margaret Carroll Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$253.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known) 21-10511
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3.55	Nonpriority creditor's name and mailing address ANNE Paplanus 1202 Rivercity Crossing OFALLON, MO 63366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$511.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address ANSLEY NANCY HELEN LYON Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,122.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address API - Academic PrograIntl 301 Camp Craft Road Austin, TX 78746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$289.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address april shabnam naghavi <div style="background-color: black; height: 1.2em; width: 100%;"></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Arcadia University 450 S. Easton Road Glenside, PA 19038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$648.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Ariana Prudente Daza <div style="background-color: black; height: 1.2em; width: 100%;"></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$475.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address ARIEAWNA BRIANN Zarate Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.62	Nonpriority creditor's name and mailing address ARIEL NOEL DENISE Brown Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$267.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Arizona State University Arizona State University Study Abroad Office 1120 South Cady Mall, Interdisciplinary Tempe, AZ 85287 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$445.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address Aryeh Leib Alperowicz 51 Crestwood Lane Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,477.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address ASHLEY ELIZABETH KARCZEWSKI Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$607.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address ASHLEY THOMAS 752 Fallwood Court MARIETTA, GA 30064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$578.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address AT&T P.O BOX 2969 OMAHA, NE 68103-2969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,118.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Charges; Wireless</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Ataru Baldanzo Koda 3625 S Decatur Blvd Apt 2114 Las Vegas, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$711.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.69	Nonpriority creditor's name and mailing address Atlantis Global 4100 N Fairfax Dr. Ste 740 Arlington, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,442.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Atlantis Project 4100 N Fairfax Dr. Ste 740 Arlington, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,314.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Audrey Christopher 600 N Lake Shore Drive Chicago, IL 60611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$381.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Audrey Christopher 600 N Lake Shore Drive Chicago, IL 60611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$293.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address Augsburg University 2211 Riverside Ave Minneapolis, MN 55454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,570.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address AUIP American Univ in Pacific P.O. Box 3771 Christchurch 8140 New Zealand Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,181.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Austin Community College District Highland Business Center 5930 Middle Fis Austin, TX 78752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,487.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.76	Nonpriority creditor's name and mailing address Automatic Data Processing Tax Filing Service 5355 Orangethorpe Ave. La Palma, CA 90623 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$210.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax Invoice No. 8458274-00 \$60.90</u> <u>Tax Invoice No. 8458275-00 \$149.10</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Ava Claire Swider 2770 Birch Harbor Ln West Bloomfield Township, MI 48324 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$740.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address AVERY LEANN THIEMANN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$857.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address Avraham Abba Levi 135 5th st Lakewood, NJ 08701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$545.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$352.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address Azzurri Communication / Maintel Farrington Road Burnley BB11 5FH Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,088.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address BCA powered by Amizade BCA Study Abroad 50 Alpha Drive Elizabethtown, PA 17022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$281.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.83	Nonpriority creditor's name and mailing address Benjamin Chng 4907 Nightshade Circle Colorado Springs, CO 80919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,230.18
3.84	Nonpriority creditor's name and mailing address Benjamin Harry Williams 812 S. Lee St Alexandria, VA 22314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,633.95
3.85	Nonpriority creditor's name and mailing address Berea College 101 Chestnut St Berea, KY 40403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,678.74
3.86	Nonpriority creditor's name and mailing address Bethany Ann Cahoon 85 South St Apt 3 Northampton, MA 01060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,658.45
3.87	Nonpriority creditor's name and mailing address BETHANY MARIE COOPER 10819 Avening Rd Chesterfield, VA 23832 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.22
3.88	Nonpriority creditor's name and mailing address Bierta Elisabeth Barfod 8600 30th Ave Ne Seattle, WA 98115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,399.38
3.89	Nonpriority creditor's name and mailing address BKD 14241 Dallas Parkway, Suite 1100 Dallas, TX 75254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Progress billing on 2019 income tax compliance;</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,920.00

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.90	Nonpriority creditor's name and mailing address Blake Bostick Petersen 2902 W Sweetwater Ave Unit 3173 Phoenix, AZ 85029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$342.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.91	Nonpriority creditor's name and mailing address Blake Canas <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$592.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.92	Nonpriority creditor's name and mailing address Bradley James Needles <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$974.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.93	Nonpriority creditor's name and mailing address Bree Daigneault 2221 238th Pl. NE Sammamish, WA 98074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$957.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.94	Nonpriority creditor's name and mailing address Brennan Kuhn 8015 224th St SW Edmonds, WA 98026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$336.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.95	Nonpriority creditor's name and mailing address Brian Ogbebor 12 Dunes Ct. Westampton, NJ 08060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$371.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.96	Nonpriority creditor's name and mailing address Brian Ogbebor 12 Dunes Ct. Westampton, NJ 08060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$216.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.97	Nonpriority creditor's name and mailing address Briana Alexis Cruz 41 Wilmore Road Little Falls, NJ 07424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$296.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Briana Pamela Zuccarelli 12938 Penn Station Court Apt 302 Orlando, FL 32821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$312.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Brianna Miers <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,256.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Broadreach 806 McCulloch St. Suite 102 Raleigh, NC 27603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,671.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Bronx Prep Charter School 3872 Third Avenue Bronx, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$655.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Bryson Robert Rogers <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$263.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address Buckeye Union High School District 1000 E. Narramore Buckeye, AZ 85326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.104	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 80%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 60%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 20%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$534.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 80%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 60%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 20%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address Caitlin Marie Wienkes Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,284.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address Caleb Gearhart Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$574.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address CARLY ANNE JOHNSON <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 80%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,655.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Carly May Walker 315 Newington Rd Newington, NH 03801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$470.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address Carole Jarden Morganti 694 Gravelly Hollow Road Medford, NJ 08055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$699.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.111	Nonpriority creditor's name and mailing address CAROLINA SARA KALE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$979.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address CAROLINA TAVERA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$267.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address Caroline Baker 100 Edgehill Rd. Bala Cynwyd, PA 19004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$470.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address Caroline Elizabeth Prudhomme 43 Clancy Drive Goffstown, NH 03045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$279.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address Caroline Kelley Geiger 75 Charles Street Apt 4 Boston, MA 02114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$438.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address Caroline Morris 1340 Midway Drive FORT COLLINS, CO 80526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,270.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address Caroline Nosakhare Obasohan Apartment 2002 Waterside Square North 55 River South Drive New Jersey, NJ 07310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.118	Nonpriority creditor's name and mailing address CAROLINE REPKE 2110 Goddard Way WAXHAW, NC 28173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$578.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.119	Nonpriority creditor's name and mailing address Carolyn Valenti 234 Hawks Hill Road New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$235.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.120	Nonpriority creditor's name and mailing address Cary Warren Schaefer 1399 Palm Ave Kalona, IA 52247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$95.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.121	Nonpriority creditor's name and mailing address Cassandra Marie Fraioli Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address Cassandra Mayfield 11298 Cline Rd Athens, IL 62613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$332.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.123	Nonpriority creditor's name and mailing address Catherine Zhu [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$417.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.124	Nonpriority creditor's name and mailing address CECILIA EVELYN BEEDIE [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,557.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.125	Nonpriority creditor's name and mailing address CELSO AZARIAS INGUANE 107 Ne 45th St Apt 350 Seattle, WA 98105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$927.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address Charissa Michele Pratt 289 Perry Street Dover, NJ 07801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$847.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	Nonpriority creditor's name and mailing address CHARLES ANDERSON MCALLISTER JR 3060 SAGE HEIGHTS DR WINNEMUCCA, NV 89445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$270.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	Nonpriority creditor's name and mailing address Charles Earles 5325 E Bend Dr Old Hickory, TN 37138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$508.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.129	Nonpriority creditor's name and mailing address Charlotte Reaman 403 Main Street Hingham, MA 02043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$432.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address chaviva zahava Salzberg 24 Dr Frank Road Spring Valley NY 10977 Spring Valley 10977-2517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$353.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Chelsey Hannah Beveridge 869 wakefield drive Unit D Houston, TX 77018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,280.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.132	Nonpriority creditor's name and mailing address CHI - Cultural Homestay Intl 104 Butterfield Road San Anselmo, CA 94960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,124.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address Chloe Y Riven 365 Wallis Drive Waitsfield, VT 05673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$328.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address Christine Elizabeth Sanchez 3001 S Congress Ave Community Building 2 Austin, TX 78704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$656.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address Christine Marie Molstrom 923 SE 23rd Street Troutdale, OR 97060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,238.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	Nonpriority creditor's name and mailing address Chrystyna Sofia Chudzij Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$769.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 150px; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 120px; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 80px; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$538.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	Nonpriority creditor's name and mailing address CIEE Inc 300 Fore Street Portland, ME 04101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$924.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
--------	-------------------------	------------------------	----------

3.139	Nonpriority creditor's name and mailing address Cierra Noelle Parker [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$445.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address City of St Louis - Dept. of Revenue 1200 Markt Street, Room 410 St. Louis, MO 63103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$76.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Municipal Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address CLARE TAYLOR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$494.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address CLAUDIA ELIZABETH GARCIA BENITO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$542.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Clemency Hanora Neville [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$373.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address Clemson University 105 Sikes Hall Clemson, SC 29634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,299.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address Colby Winton Marsh PO Box 777 Ketchum, ID 83340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$272.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.146	Nonpriority creditor's name and mailing address COLLEEN ELIZABETH MCINTEE 1136 Washington Ave # 701 ST LOUIS, MO 63101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,554.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address COLORADO SCHOOL OF MINES Office Of International Programs 1706 II Golden, CO 80401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,413.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Colton Bradly Adams 77 Mill Street Southampton, NJ 08088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$371.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Colton Bradly Adams 77 Mill Street Southampton, NJ 08088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$216.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address Coltyn Cody 4340 SE Gladstone St. Portland, OR 97206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,854.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address Commision Junction 4140 SOLUTIONS CENTER CHICAGO, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,163.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Owed for commission payout to aggregators</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address Conner Johnson 2895 Albert St. N Roseville, MN 55113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$844.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.153	Nonpriority creditor's name and mailing address CONNOR KEAIS 26086 Carol Ave FRANKLIN, MI 48025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$735.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address Courtney Lester 919 W. Church St. Champaign, IL 61821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$370.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address COURTNEY MARIE VANDEWEGHE 13420 43RD AVE NORTH PLYMOUTH, MN 55442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$447.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address COX Business PO Box 1259 Oaks, PA 19456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet Charges to keep servers up</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157	Nonpriority creditor's name and mailing address Creighton University Global Engagement Office Creighton Hall Omaha, NE 68178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$447.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address Cristina Maria Marciales 3335 Lake Shore Dr Deerfield Beach, FL 33442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address CSC PO Box 7410023 Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax reporting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.160	Nonpriority creditor's name and mailing address CURTIS KLINE 221 E 78TH ST APT 5H NY, NY 10075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$237.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address CYNTHIA G GOCHEZ [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$593.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address Dagny Safon 2221 238th Pl. NE Sammamish, WA 98074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$957.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address Danaya Nicole McKenzie 39 Carlton Street Rotorua 03010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$462.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address Daniel Blankstrom 6250 ne 19th terrace Fort Lauderdale, FL 33308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,373.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address DANIEL ESSES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,320.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address Daniela Torres Ramos 600 S Hawthorne Ave Elmhurst, IL 60126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$372.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.167	Nonpriority creditor's name and mailing address Danielle Nicole Mcalister 19576 Greggsville Road PURCELLVILLE, VA 20132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$699.00
3.168	Nonpriority creditor's name and mailing address DARREN ALEXANDER LAWRENCE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.34
3.169	Nonpriority creditor's name and mailing address David Jacob Raban <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.70
3.170	Nonpriority creditor's name and mailing address DAWN MARIE Burns Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,458.59
3.171	Nonpriority creditor's name and mailing address DELANEY MARIE WOLF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.57
3.172	Nonpriority creditor's name and mailing address Delta College 1961 Delta Road University Center, MI 48710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.25
3.173	Nonpriority creditor's name and mailing address DePaul University 2250 N Sheffield Ave Chicago, IL 60614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.50

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.174	Nonpriority creditor's name and mailing address Derek Roger Wood 4068 Pitch Pine Circle Oviedo, FL 32765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$640.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address Deva Leobaran Benitez Macias _____ _____ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address DEVAKI DHAKAL _____ _____ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$887.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	Nonpriority creditor's name and mailing address Devon March Trepess 2230 NW Eastes st Bend, OR 97703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$775.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	Nonpriority creditor's name and mailing address Devora Bracha schechter 24 Dr Frank Road Spring Valley NY 10977 Spring Valley, NY 10977 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$346.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address DINA ADHAM _____ _____ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,934.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	Nonpriority creditor's name and mailing address DOLORES CABEZA DE VACA GARCIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,662.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.181	Nonpriority creditor's name and mailing address Donna Shapiro Neidorf 30 commons alley Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$588.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address Douglas Dixon Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$978.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address DOV Warman Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$440.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address DULCINEA DAE JONES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$758.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.185	Nonpriority creditor's name and mailing address Education Travel & Culture 1029 W Washington St Portland, OR 97205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$332.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address EDWIN ROBERT SCOTT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,509.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.187	Nonpriority creditor's name and mailing address Efthimia Margarita Mangllara 33 Symco Drive New Britain, CT 06053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$934.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.188	Nonpriority creditor's name and mailing address Eleanor Frances Lo Re 3508 Inverness Dr Chevy Chase, MD 20815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$385.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.189	Nonpriority creditor's name and mailing address Electronic Security Concepts 8320 E. Gelding Scottsdale, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$210.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Remote access management Quarterly -July, August and Septemeber 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.190	Nonpriority creditor's name and mailing address ELENA CHRISTINA VINOPAL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$734.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191	Nonpriority creditor's name and mailing address Eli Elias 11 east 42 Bayonne, NJ 07002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$652.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192	Nonpriority creditor's name and mailing address Elise Avery [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$384.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.193	Nonpriority creditor's name and mailing address Elise Avery [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$332.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.194	Nonpriority creditor's name and mailing address ELISE LAURA Elston Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$579.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.195	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$252.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.196	Nonpriority creditor's name and mailing address Elizabeth Curanaj 650 Warburton Avenue Apt. 5C Yonkers, NY 10701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$304.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.197	Nonpriority creditor's name and mailing address Elizabeth Julia Nowak 1449 East Stanford Street Springfield, MO 65804 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$544.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.198	Nonpriority creditor's name and mailing address Elizabeth Myrick 3701 SW 11th Street Blue Springs, MO 64015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$423.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.199	Nonpriority creditor's name and mailing address ELIZABETH PETTIT Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$607.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.200	Nonpriority creditor's name and mailing address ELLA REED CEDARHOLM 81 Fox Garrison Rd Lee, NH 03861 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$738.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.201	Nonpriority creditor's name and mailing address ELLE CORRINE PAUL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$638.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.202	Nonpriority creditor's name and mailing address Elliott Theodore Goodman 93 4th Avenue Unit 1393 New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$972.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.203	Nonpriority creditor's name and mailing address Elmhurst College 190 Prospect Ave Elmhurst, IL 60126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,835.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.204	Nonpriority creditor's name and mailing address Elora Inez Matiella 9301 N. Scarlet Canyon Dr. Tucson, AZ 85743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$458.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.205	Nonpriority creditor's name and mailing address EMILY ANN SISOUNTHONE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$601.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.206	Nonpriority creditor's name and mailing address Emily Jane Kauffman 1711 Nob Hill Ct Owings, MD 20736 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$516.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.207	Nonpriority creditor's name and mailing address EMILY MARIE DRISENGA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$506.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.208	Nonpriority creditor's name and mailing address Emma Ryan Wright 208 Ambridge Court Apt 203 Chesterfield, MO 63017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$790.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.209	Nonpriority creditor's name and mailing address ENRIQUE ROBLES SOTO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,183.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address ERIC ROBERT CANDAUX Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$317.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address Erica Mora Cueto 11 Kopf St Brentwood, NY 11717 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$193.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.212	Nonpriority creditor's name and mailing address Erin Taylor Gilbert 3 Erin Court Bridgewater, NJ 08807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$371.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.213	Nonpriority creditor's name and mailing address Esteban Jose Valentin Martinez 1722 E. Cherry St. Springfield, MO 65802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$936.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address Ethan Cheers 2292 Allen Rd Ortonville, MI 48462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$616.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address EVAN BRETT BRAUNSCHWEIGER 210 ATLANTIC AVE APT C28 LYNBROOK, NY 11563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$713.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.216	Nonpriority creditor's name and mailing address Evan Linsey 11 schooner road northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$397.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.217	Nonpriority creditor's name and mailing address EVE SCHULZ PETRIE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$707.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.218	Nonpriority creditor's name and mailing address EVELYN LEIGH SECALLUS 548 Mount Hope Avenue Dover, NJ 07801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$933.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.219	Nonpriority creditor's name and mailing address Evren Uras 1809 Markham Ave NE Tacoma, WA 98422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$187.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.220	Nonpriority creditor's name and mailing address Fairfield University Study Abroad Programs 1073 N Benson Road Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,374.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.221	Nonpriority creditor's name and mailing address Fareportal 137 West 25th Street, 11th floor NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,616.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.222	Nonpriority creditor's name and mailing address FEDEX PO Box 94515 Palatine, IL 60094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,367.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Delivery charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor STA Travel Inc.
NameCase number (if known) 21-10511**3.223 Nonpriority creditor's name and mailing address**[REDACTED]
[REDACTED]
[REDACTED]

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$324.17

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.224 Nonpriority creditor's name and mailing address**Fisher&Phillips
1075 Peachtree Street, NE
Suite 3500
Atlanta, GA 30309

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$2,631.65

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Outside Professional Costs: 191024 Reference: STA Travel - professional/legal feesIs the claim subject to offset? ☒ No ☐ Yes**3.225 Nonpriority creditor's name and mailing address**Florian Tranzeat
68 rue des Poulies
La Ferte St Aubin, OH 45240

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$406.35

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.226 Nonpriority creditor's name and mailing address**Freida Richter
24 Dr Frank Road Spring Valley NY 10977
Spring Valley 10977-2517

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$346.52

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.227 Nonpriority creditor's name and mailing address**Fulbright Germany
1400 K Street, NW
Suite 700
Washington, DC 20005

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$4,450.66

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.228 Nonpriority creditor's name and mailing address**G Adventures
19 CHARLOTTE ST
TORONTO, ON M5V 2H5

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$4,041.21

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Travel SupplierIs the claim subject to offset? ☒ No ☐ Yes**3.229 Nonpriority creditor's name and mailing address**Gabriel Dunn
218 N. Clairmont Drive
Salisbury, MD 21801

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$655.98

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.230	Nonpriority creditor's name and mailing address Gabriella Gentian Wayne 1804 NW 2nd Street Bend, OR 97701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$496.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.231	Nonpriority creditor's name and mailing address Gagan Bahadur Thapa 4912 Torrey Ln 412 Arlington, TX 76017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,602.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.232	Nonpriority creditor's name and mailing address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 120px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 130px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 50px; height: 1.2em; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$859.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.233	Nonpriority creditor's name and mailing address GENAVIEVE JOELEEN MALONE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$972.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.234	Nonpriority creditor's name and mailing address Georgia Southern University 1332 Southern Dr Statesboro, GA 30458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$695.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.235	Nonpriority creditor's name and mailing address Georgia Tech University - Lorraine French Building 237 Uncle Heinie Way Atlanta, GA 30332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,331.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.236	Nonpriority creditor's name and mailing address Geraldine Beaumont 315 N Adams St Richmond, VA 23220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.237	Nonpriority creditor's name and mailing address GlobeMed 620 Library Place Evanston, IL 60208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,695.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.238	Nonpriority creditor's name and mailing address Goldman School of Public Policy 2607 Hearst Avenue Berkeley, CA 94720-7320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.239	Nonpriority creditor's name and mailing address Google 2400 BAYSHORE PARKWAY MOUNTAIN VIEW, CA 94043-3181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Google Advertising July 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.240	Nonpriority creditor's name and mailing address Grace Donegan PO Box 32 Poquonock, CT 06064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.241	Nonpriority creditor's name and mailing address Grace Michelle Dodig P.O. Box 719 Lanesborough, MA 01237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$352.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	Nonpriority creditor's name and mailing address GRAHAM THOMAS Zylstra Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$608.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.243	Nonpriority creditor's name and mailing address Greer Elise Brown 1052 Coolwood Drive Valparaiso, IN 46385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$567.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.244	Nonpriority creditor's name and mailing address GRIFFIN MATTHEW HALLORAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,274.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address GTT 400 112th AVE NE No. 130 Bellevue, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,766.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>multiple statements in one final balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246	Nonpriority creditor's name and mailing address Guy Willis Kilgore IV 8458 Liberty Hall Drive Midland, GA 31820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$510.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.247	Nonpriority creditor's name and mailing address HAAS School of Business 2220 Piedmont Ave Berkeley, CA 94720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,337.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248	Nonpriority creditor's name and mailing address HAILEY ELIZABETH HAWKINS PO Box 208 GREEN ACRES, WA 99016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,428.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249	Nonpriority creditor's name and mailing address Hana Mamish 534 RAILROAD AVE UNIT 1705 Sumas, WA 98295 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,553.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	Nonpriority creditor's name and mailing address Hana Selimovic Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.251	Nonpriority creditor's name and mailing address Hannah Michelle Zonneville 3021 Silver Spring Dr Ann Arbor, MI 48103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.18
3.252	Nonpriority creditor's name and mailing address HANZHANG REN 6600 Frist Center Princeton University Princeton, NJ 08544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,797.07
3.253	Nonpriority creditor's name and mailing address ██████████ ██████████ ██████████ ██████████ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$902.62
3.254	Nonpriority creditor's name and mailing address Hayden Timothy Adams 77 Mill Street Southampton, NJ 08088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$371.70
3.255	Nonpriority creditor's name and mailing address Hayden Timothy Adams 77 Mill Street Southampton, NJ 08088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.70
3.256	Nonpriority creditor's name and mailing address Hayden Toler Boggs 3086 Victoria Ave Cincinnati, OH 45208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.15
3.257	Nonpriority creditor's name and mailing address Hayley Hartman 18073 Bent Tree Ridge Council Bluffs, IA 51503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$527.20

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.258	Nonpriority creditor's name and mailing address HCC Life Insurance PO Box 402032 ATLANTA, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,704.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Life insurance august charges - needs approval Melanie Scheuer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.259	Nonpriority creditor's name and mailing address HEATHER RENEE SPEVAK Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$521.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.260	Nonpriority creditor's name and mailing address Helaina Sacco 8 Giffords Corner Rd Marion, MA 02738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$409.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.261	Nonpriority creditor's name and mailing address HELENA HELVI LAAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$634.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.262	Nonpriority creditor's name and mailing address High Point University Office Of Experiential Learning 833 Mont High Point, NC 27262-3598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,526.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.263	Nonpriority creditor's name and mailing address Howard Neiman 4 drubich way monroe, NY 10950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$692.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.264	Nonpriority creditor's name and mailing address HSBC/SBA One Embarcadero Center, 34th Floor San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$748,330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan - SBA Backed with HSBC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
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3.265	Nonpriority creditor's name and mailing address Ibrahim Sayed Alamshahi Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$939.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address IES Abroad 33 W. Monroe St. Suite 2300 Chicago, IL 60603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,966.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address IFX 84 Dublin Road Pleasant Hill, CA 94523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$569.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	Nonpriority creditor's name and mailing address Insperity P.O. Box 844889 DALLAS, TX 75284-4889 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$446.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ExpenseAble Corporate Monthly Subscription</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.269	Nonpriority creditor's name and mailing address Institute for Study Abroad 6201 Corporate Dr #200 Indianapolis, IN 46278 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,554.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address International Rail Chase House, Gilbert St, Alresford SO24 0BY United Kingdom Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$126.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monthly Ogone Charges for July 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.271	Nonpriority creditor's name and mailing address International School of Advanced Learnin 28 Linden Street Allston, MA 02134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies owed through ISIC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.272	Nonpriority creditor's name and mailing address Iron Mountain D8530 P.O. BOX 915004 DALLAS, TX 75391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,675.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Storage fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.273	Nonpriority creditor's name and mailing address Isabella N Lowrance 708 VILLA FLORES DR EL PASO 79912-1524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$453.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.274	Nonpriority creditor's name and mailing address Isabella Tassinari 3300 S Buckskin Way Chandler, AZ 85286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$219.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.275	Nonpriority creditor's name and mailing address Isabelle E Hanson 2526 Flint Court SOUTH BEND, IN 46628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$616.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.276	Nonpriority creditor's name and mailing address It's Your World Travel 1969 SW Hillcrest Rd Burien, WA 98166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,920.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.277	Nonpriority creditor's name and mailing address Izabelle Adelina De Paz Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,762.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.278	Nonpriority creditor's name and mailing address JACK SMITH 232 North Smithers St Houston, MN 55555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,274.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.279	Nonpriority creditor's name and mailing address JACOB ALAN GRAHAM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$694.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.280	Nonpriority creditor's name and mailing address JACOB JOHN Chantres Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,080.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.281	Nonpriority creditor's name and mailing address JACOB KNOX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$972.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	Nonpriority creditor's name and mailing address JACOB N Zuxkerbeaun Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	Nonpriority creditor's name and mailing address Jacob Piner 6949 Banchory ct Alexandria, VA 22315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$339.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	Nonpriority creditor's name and mailing address JADORIA S MCLENDON Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$589.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.285	Nonpriority creditor's name and mailing address Jaime Kvaternik 480 Parker St, #4856 Boston, MA 02115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$555.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
--------	-------------------------	------------------------	----------

3.286	Nonpriority creditor's name and mailing address Jalal Melahaji <div style="background-color: black; height: 15px; width: 100px; margin: 2px 0;"></div> <div style="background-color: black; height: 15px; width: 100px; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,103.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.287	Nonpriority creditor's name and mailing address JAMES AALGAARD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$825.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.288	Nonpriority creditor's name and mailing address James Anthony Grivas 101 Coventry Lane East Greenbush, NY 12061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$703.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.289	Nonpriority creditor's name and mailing address JAMES CHARLES LEBRATO 10916 ROLLINGWOOD PL FORT WAYNE, IN 46845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.290	Nonpriority creditor's name and mailing address JAMES MILLER 1218 FRANKLIN CIRCLE NE ATLANTA, GA 30324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,258.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291	Nonpriority creditor's name and mailing address JAMES NGUGI NJORGE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,392.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.292	Nonpriority creditor's name and mailing address JAMES RAY LORCH 630 ST ANDREWS CIRCLE NEW SMYORNA BEACH, FL 32168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$564.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.293	Nonpriority creditor's name and mailing address Jamie Ahrens 409 Charles Avenue Massapequa Park, NY 11762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$772.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.294	Nonpriority creditor's name and mailing address Jamie L Estroff 103 Windspring Ct Cary, NC 27518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,171.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.295	Nonpriority creditor's name and mailing address JASON ALEXANDER BRUGMAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$236.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.296	Nonpriority creditor's name and mailing address Jason E Ogbebor 12 Dunes Ct. Westampton, NJ 08060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$371.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.297	Nonpriority creditor's name and mailing address Jason E Ogbebor 12 Dunes Ct. Westampton, NJ 08060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$216.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.298	Nonpriority creditor's name and mailing address Jeena Rantuccio 32-69 36th st Astoria, NY 11106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$552.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.299	Nonpriority creditor's name and mailing address Jeffrey Schrader 27 Jaffray Park Irvington, NY 10533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$261.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.300	Nonpriority creditor's name and mailing address Jenna Miya Ogawa <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.88
3.301	Nonpriority creditor's name and mailing address Jennifer Glen Curry <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.71
3.302	Nonpriority creditor's name and mailing address JENNIFER LILA KAREGEANNES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.30
3.303	Nonpriority creditor's name and mailing address Jennifer Longfellow Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.304	Nonpriority creditor's name and mailing address Jensen Rebecca Lassiter Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
3.305	Nonpriority creditor's name and mailing address JEREMY NOAH METTEL <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$666.74
3.306	Nonpriority creditor's name and mailing address Jessica Colopy 755 W Cornelia Ave Unit 111 Chicago, IL 60657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290.99

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
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3.307	Nonpriority creditor's name and mailing address Jessica Edgar 6 Haynes avenue Falmouth, MA 02540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$474.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.308	Nonpriority creditor's name and mailing address Jessica M Knott Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$117.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.309	Nonpriority creditor's name and mailing address Jessica Marie Mazzeo 2416 Windward Shore Dr Virginia Beach, VA 23451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$727.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.310	Nonpriority creditor's name and mailing address Jesus Ghael Fobes Mora 143 Bedford Road Pleasantville, NY 10570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$532.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.311	Nonpriority creditor's name and mailing address Jia Sin SHIH 6F.-5, No. 3, Ln.55, Fu'an Rd, Xitun Dist. Taichung City Taiwan 40764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$632.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.312	Nonpriority creditor's name and mailing address Jiacong Zhou <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,073.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.313	Nonpriority creditor's name and mailing address Joanna Jurgiel 25 Stacy Drive Olivette, MO 63132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$594.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.314	Nonpriority creditor's name and mailing address Joanna Yang [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$432.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$219.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address JoFrankie Williams [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$286.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.317	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$268.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.318	Nonpriority creditor's name and mailing address John Jacob Varanese 1340 castleton rd n columbus, OH 43220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,539.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.319	Nonpriority creditor's name and mailing address John Tyler Community College Nicholas Student Center, 13101 Jefferson Chester, VA 23831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,096.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.320	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$407.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>STA Travel Inc.</u> Name		Case number (if known) <u>21-10511</u>	
3.321	Nonpriority creditor's name and mailing address JONATHAN SIMON NATHAN CHAPLAN 215 W 92ND ST APT 13G NEW YORK, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10.00</u>
3.322	Nonpriority creditor's name and mailing address JORDAN PATRICK Currie Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,080.73</u>
3.323	Nonpriority creditor's name and mailing address Joren McKenzie Fettig 21153 Charity Lane Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$384.00</u>
3.324	Nonpriority creditor's name and mailing address Joren McKenzie Fettig 21153 Charity Lane Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$332.93</u>
3.325	Nonpriority creditor's name and mailing address Jose Hernandez [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$361.54</u>
3.326	Nonpriority creditor's name and mailing address JOSE PELAEZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$524.25</u>
3.327	Nonpriority creditor's name and mailing address Joseph Steele 3432 Emily Pl Douglasville, GA 30135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$585.50</u>

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.328	Nonpriority creditor's name and mailing address Joshua Fink 201 West 108th Street Apt 24 New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.00
3.329	Nonpriority creditor's name and mailing address JOSHUA GOLDMAN [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$424.00
3.330	Nonpriority creditor's name and mailing address JOSHUA GOLDMAN [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.42
3.331	Nonpriority creditor's name and mailing address Joshua Hasstedt 2706 Kent Ave #102 Ames, IA 50010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.90
3.332	Nonpriority creditor's name and mailing address joyce sinsky 5 east view place lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.06
3.333	Nonpriority creditor's name and mailing address JULIA GONZALEZ ENGLE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,095.57
3.334	Nonpriority creditor's name and mailing address JULIE ANN Brown Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,075.83

Debtor <u>STA Travel Inc.</u> <small>Name</small>	Case number (if known) <u>21-10511</u>
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3.335	Nonpriority creditor's name and mailing address Justin Marks 5116 White Flint Dr Kensington, MD 20895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$494.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.336	Nonpriority creditor's name and mailing address JUSTIN MICHAEL ROTH Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$646.87</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.337	Nonpriority creditor's name and mailing address Kadja Haou 3104 NE Bryant Portland, OR 97211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,349.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.338	Nonpriority creditor's name and mailing address KAITLYN SIERRA BOLIN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$679.45</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.339	Nonpriority creditor's name and mailing address Kaley Shriver 3915 Hollows Drive Jacksonville, FL 32225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$755.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.340	Nonpriority creditor's name and mailing address Kandra Taylor Rudelius Palmer 1850 Major Drive Golden Valley, MN 55422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$773.92</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.341	Nonpriority creditor's name and mailing address Kandra Taylor Rudelius Palmer 1850 Major Drive Golden Valley, MN 55422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$654.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.342	Nonpriority creditor's name and mailing address Kara Ann Libby 1071 Riverwood Place Dr Florissant, MO 63031-8507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$936.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.343	Nonpriority creditor's name and mailing address KARA JANE TANNER Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.344	Nonpriority creditor's name and mailing address Kassandra Marguerite Stewart <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.345	Nonpriority creditor's name and mailing address KATHERINE LUCILLE MELVIN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,715.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346	Nonpriority creditor's name and mailing address KATHERINE MURPHY GUILD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$588.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.347	Nonpriority creditor's name and mailing address Kathryn Noel Reget 7953 Narcissus Ave Maple Grove, MN 55311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,052.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.348	Nonpriority creditor's name and mailing address Katie Zornow 125 John Calvin St Starkville, MI 39759 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.349	Nonpriority creditor's name and mailing address Kaya Responsible Travel The Arches North Campus Incubator Sackvi Manchester, UK M60 1QD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,212.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address Kaycie Marie Merrihew 3003 Queen Anne Ct Atlanta, GA 30350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$257.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.351	Nonpriority creditor's name and mailing address KAYLA E MOSS 8401 NW US HWY 75 TOPEKA, KS 66618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,848.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.352	Nonpriority creditor's name and mailing address Kaylee Brookshire 1461 North Cummings Road Davison, MI 48423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$574.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.353	Nonpriority creditor's name and mailing address Kayleigh Kearnan 117 Wilson Ave 3L Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$442.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.354	Nonpriority creditor's name and mailing address Keith Gilmore 159 Millbrook Dr. Willingboro, NJ 08046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$371.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.355	Nonpriority creditor's name and mailing address Keith Gilmore 159 Millbrook Dr. Willingboro, NJ 08046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$216.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.356	Nonpriority creditor's name and mailing address Kelly Haas 786 Mitsy Point Marietta, GA 30068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.51
3.357	Nonpriority creditor's name and mailing address Kenan Beker <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.358	Nonpriority creditor's name and mailing address Kenneth Blaschke 82 East Elm Street Yarmouth, ME 04096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,696.80
3.359	Nonpriority creditor's name and mailing address KENNETH WILLIAM HEYDRICK Corporate 78746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,487.31
3.360	Nonpriority creditor's name and mailing address Keval Chimanlal Korat 4418 Archer Meadow Lane Sugar Land, TX 77479 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.10
3.361	Nonpriority creditor's name and mailing address KEVIN JAMES MOORE <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$853.70
3.362	Nonpriority creditor's name and mailing address KEVIN MICHAEL Verboort Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,277.86

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.363	Nonpriority creditor's name and mailing address Kevin Perdomo <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$571.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.364	Nonpriority creditor's name and mailing address Kiana Patrice Bryant 249 W 67TH ST APT 6B NEW YORK, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,087.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.365	Nonpriority creditor's name and mailing address Kiley Nicole Sullivan 1720 Oak Ave Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$293.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.366	Nonpriority creditor's name and mailing address KILIAN MARIUS LERCH <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.367	Nonpriority creditor's name and mailing address Kiomara Pamela Ceras Ccanto Avenida 13 de Noviembre 029 El Tambom, Huancayo Peru 51064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$281.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.368	Nonpriority creditor's name and mailing address Kittu Tararak 240 Main Street Apt.4N Oneida, NY 13421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,716.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.369	Nonpriority creditor's name and mailing address Kristen Galello 8432 N Coral Ridge Loop Tucson, AZ 85704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$992.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.370	Nonpriority creditor's name and mailing address Kristi Lynn Patton Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$969.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.371	Nonpriority creditor's name and mailing address KRISTIN GRACE POLLEN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,048.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.372	Nonpriority creditor's name and mailing address KRISTINA MALINOWSKI 121 Sleepy Hollow Ln BELLE MEAD, NJ 08502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$585.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.373	Nonpriority creditor's name and mailing address Kyle Wengryn 64 Waymeet Circle Hillsborough, NJ 08844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$569.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.374	Nonpriority creditor's name and mailing address Laney College - BEST 900 Fallon St Oakland, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$372.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.375	Nonpriority creditor's name and mailing address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 50px; height: 1.2em; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$727.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.376	Nonpriority creditor's name and mailing address Lauren Theresa Kurtz 120 Blue Rock Ct Victoria, TX 77904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.377	Nonpriority creditor's name and mailing address LEA MARIE RABE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.78
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3.378	Nonpriority creditor's name and mailing address Leib Frankel 1045 54th Street Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$574.72
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3.379	Nonpriority creditor's name and mailing address <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 120px; height: 15px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.00
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3.380	Nonpriority creditor's name and mailing address Lennan Sara Dano <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$783.36
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3.381	Nonpriority creditor's name and mailing address Leslie Hanson Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.382	Nonpriority creditor's name and mailing address LILIANNA ROSE FINAMORE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$792.78
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3.383	Nonpriority creditor's name and mailing address Lily Summer Callow 181 Barnstable Road South Portland, ME 04106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$961.56
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.384	Nonpriority creditor's name and mailing address Lina Liisa Wang 1968 Nutmeg Ln Naperville, IL 60565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.385	Nonpriority creditor's name and mailing address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 130px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 160px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 60px; height: 1.2em; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$903.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.386	Nonpriority creditor's name and mailing address LOUIS GAUCHER 1108 Ryegate Rd Townson, MD 21286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$448.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387	Nonpriority creditor's name and mailing address LOUIS HOWARD KNOTTS 2545 Upper Mountain Road Sanborn, NY 14132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,389.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.388	Nonpriority creditor's name and mailing address Loyola University Maryland 4501 N. Charles Street Baltimore, MD 21210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,519.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.389	Nonpriority creditor's name and mailing address LUCAS RARY 365 Autumn Breeze Drive Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$569.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.390	Nonpriority creditor's name and mailing address Ludovic Njiosseu Mbakop 7890 Spruce Lake Ln Apt 203 Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$272.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor STA Travel Inc.
NameCase number (if known) 21-10511**3.391 Nonpriority creditor's name and mailing address**Luke Myrick
3701 SW 11th Street
Blue Springs, MO 64015

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$677.85

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.392 Nonpriority creditor's name and mailing address**Lynn Harvey
6 Brookdale Street
Worcester, MA 01604

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$1,075.86

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.393 Nonpriority creditor's name and mailing address**[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$233.27

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.394 Nonpriority creditor's name and mailing address**Mackenzie M Curran
225 E Washington St, 209
Iowa City, IA 52240

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$333.68

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.395 Nonpriority creditor's name and mailing address**MACKENZIE SARA BROWER
2728 S Nielson St
Gilbert, AZ 85295

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$1,371.30

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.396 Nonpriority creditor's name and mailing address**

MADELEINE CLAIRE HOLDEN

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$452.00

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes**3.397 Nonpriority creditor's name and mailing address**

MADELEINE COLLEEN MCSORLEY

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$300.68

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.398	Nonpriority creditor's name and mailing address Madeleine Daisley 3921 sw wilbard st Portland, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$932.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.399	Nonpriority creditor's name and mailing address madeline margaret morrison Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,478.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.400	Nonpriority creditor's name and mailing address Madelyn Grace Backes 1620 Sparrow Road Waconia, MN 55387 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$671.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.401	Nonpriority creditor's name and mailing address Madelyn Grace Backes 1620 Sparrow Road Waconia, MN 55387 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$406.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.402	Nonpriority creditor's name and mailing address Madelynn Jones PO Box 154 Hedgesville, WV 25427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$424.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.403	Nonpriority creditor's name and mailing address MADISON LEIGH GOODMAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,080.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.404	Nonpriority creditor's name and mailing address Madita Leonie Sauer 5006 Carleton Dr Unit 11 Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.405	Nonpriority creditor's name and mailing address Maeve McDermott Alterio 162 Hillside Rd North Andover, MA 01845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$433.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.406	Nonpriority creditor's name and mailing address Maeve Wiencek 22593 SW Saunders Dr. Sherwood, OR Sherwood, OR 97140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$384.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.407	Nonpriority creditor's name and mailing address Maintel Europe LTD The Innovation Centre 1 Evolution Park Haslingden Road, Blackburn BB1 2FD United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,561.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.408	Nonpriority creditor's name and mailing address Makayla Sims 314 Bates Waterloo, IA 50703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$646.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.409	Nonpriority creditor's name and mailing address MARCOS GULATI Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.410	Nonpriority creditor's name and mailing address Margaret Sayre McGuirk 636 Thomas Run Road Bel Air, MD 21015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$482.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.411	Nonpriority creditor's name and mailing address Maria LaBouyer [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$166.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.412	Nonpriority creditor's name and mailing address Marie Repasy 800 Drifffield Court GA, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$388.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.413	Nonpriority creditor's name and mailing address MARIO LUIS TOMAR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$203.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.414	Nonpriority creditor's name and mailing address Marley Duerst 1137 Bicentennial Pkwy Ann Arbor, MI 48108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$376.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.415	Nonpriority creditor's name and mailing address Marvin Alejandro Trujillo 41 E 13th ST Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$375.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.416	Nonpriority creditor's name and mailing address MARY ALICE DOYLE NORTON Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,664.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.417	Nonpriority creditor's name and mailing address MARY KAITLIN MURPHY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,029.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.418	Nonpriority creditor's name and mailing address MARY KATHERINE Trimble Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.419	Nonpriority creditor's name and mailing address Mary Lawler 5464 Mersea Ct Burke, VA 22015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$732.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.420	Nonpriority creditor's name and mailing address Mary Shepard University of Arkansas at Fort Smith Windgate Art & Design, 236 5210 Grand Avenue, PO Box 3649 Fort Smith, AR 72913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$106.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.421	Nonpriority creditor's name and mailing address MARYAM MUNEEER MEMON <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$318.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.422	Nonpriority creditor's name and mailing address MATTHEW RICHMOND KRALIK Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,549.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.423	Nonpriority creditor's name and mailing address Matthew Shupler 3327 Duval St Jupiter, FL 33458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.424	Nonpriority creditor's name and mailing address Max James Collins <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.425	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.426	Nonpriority creditor's name and mailing address Maya Rose Rhode 1631 e edgewater dr tempe, AZ 85283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,716.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.427	Nonpriority creditor's name and mailing address Maya Rose Rhode 1631 e edgewater dr tempe, AZ 85283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$218.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.428	Nonpriority creditor's name and mailing address MAYRA AREVALO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$384.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.429	Nonpriority creditor's name and mailing address MCKINLEY ANN Burnett Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$925.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.430	Nonpriority creditor's name and mailing address MD GOLBAR HUSSAIN 209 Crepe Myrtle Drive Euless, TX 76039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,706.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.431	Nonpriority creditor's name and mailing address MD IMRUL HASAN 7780 McCallum Blvd, Apt: 26221 Dallas, TX 75252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$612.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.432	Nonpriority creditor's name and mailing address Megan Lynne Burns 2603 W Charleston Blvd Las Vegas, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$835.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.433	Nonpriority creditor's name and mailing address MEI HUI LI 3F., No. 459, Da an Rd., Shulin Dist. New Taipei City Taiwan 23849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$979.26
3.434	Nonpriority creditor's name and mailing address Mekaila Ginelle Pardenwachter [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.27
3.435	Nonpriority creditor's name and mailing address Melanie Eva Margolati [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$502.57
3.436	Nonpriority creditor's name and mailing address MELISSA DERR 4842 Bailey Settlement Rd SUN PRARIE, WI 53590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$342.40
3.437	Nonpriority creditor's name and mailing address Melissa Lee Connors 120 Concord Road Westford, MA 01886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$541.06
3.438	Nonpriority creditor's name and mailing address Melody Lynn Thiel W2938 County Road B Hilbert, WI 54129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.85
3.439	Nonpriority creditor's name and mailing address MERRITT ANTHONY HAMANN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274.73

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.440	Nonpriority creditor's name and mailing address Mesa Public Schools 63 East Main Street Mesa, AZ 85201 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$157.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.441	Nonpriority creditor's name and mailing address Mia Utayde 54463 White Tail Drive Mishawaka, IN 46545 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$780.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.442	Nonpriority creditor's name and mailing address MICHELLE GRISSOM Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$334.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.443	Nonpriority creditor's name and mailing address MICHELLE LEE WITKIN 264 Marie Ave E St Paul, MN 55118 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$397.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.444	Nonpriority creditor's name and mailing address Michigan State University DB 370 Administration Building East Lansing, MI 48824 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,246.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.445	Nonpriority creditor's name and mailing address Microsoft 6100 Neil Road Suite 100 Reno, NV 89511 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$186.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ads -fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.446	Nonpriority creditor's name and mailing address Middlebury College 14 Old Chapel Road Middlebury, VT 05753 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$404.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.447	Nonpriority creditor's name and mailing address Miriam Kammer Simpson College 701 N C ST Indianola, IA 50125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,219.41
3.448	Nonpriority creditor's name and mailing address Miriam Baila Goldstone 24 Dr Frank Road Spring Valley NY 10977 Spring Valley 10977-2517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.52
3.449	Nonpriority creditor's name and mailing address MMGY Global/NJF 360 Lexington Ave, 10th Floor NEW YORK, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PR & Admin. Fee - forgot to invoice us for the last period and this is the Dec 19 final invoice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,753.00
3.450	Nonpriority creditor's name and mailing address MONA SOHANI 380 Riverwalk Terrace Suwannee, GA 30024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.05
3.451	Nonpriority creditor's name and mailing address MONETTE RONA BOSWELL 9787 W 31st Place Blaine, WA 98230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,217.53
3.452	Nonpriority creditor's name and mailing address MONETTE RONA BOSWELL 9787 W 31st Place Blaine, WA 98230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.85
3.453	Nonpriority creditor's name and mailing address Morgan Gioconda Pittman Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$681.35

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.454	Nonpriority creditor's name and mailing address Morgan Marie Beentjes <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$663.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.455	Nonpriority creditor's name and mailing address MORGAN RAIBLE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,316.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.456	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$249.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.457	Nonpriority creditor's name and mailing address Mya Elizabeth Donnelly 304 Towne Drive Manalapan, NJ 07726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$571.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.458	Nonpriority creditor's name and mailing address NAIYA LUNA Warren Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,312.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.459	Nonpriority creditor's name and mailing address Nancy Saied 1604 Hazel Drive Apt C Cleveland, OH 44106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$673.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.460	Nonpriority creditor's name and mailing address NAONI ANIZA ROSEMOND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.461	Nonpriority creditor's name and mailing address Natalie Barclay 12445 N 179th Cir Bennington, NE 68007 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$752.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.462	Nonpriority creditor's name and mailing address Natalie Marie Otero <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$584.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.463	Nonpriority creditor's name and mailing address NATALY ABIGAIL ESPINOZA MADRID Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$725.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.464	Nonpriority creditor's name and mailing address NATASHA KIAH ANKER Corporate 59911 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$546.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.465	Nonpriority creditor's name and mailing address NATHALIE ESTHER Cabral Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,080.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.466	Nonpriority creditor's name and mailing address Nathaniel Campbell Townsend 201 Wood Ave SW Bainbridge Island, WA 98110 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$269.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.467	Nonpriority creditor's name and mailing address NEENA T PATEL MOORE 4421 Cottenwood Lake blvd Thornton, CO 80241 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,343.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.468	Nonpriority creditor's name and mailing address Ngoc Tram Huynh 18211 E. 50th st Tulsa, OK 74134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$182.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.469	Nonpriority creditor's name and mailing address NIA KALI LENNAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.470	Nonpriority creditor's name and mailing address Nicholas Blaszczyk 10858 St.Clair Drive Willis, MI 48191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$439.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.471	Nonpriority creditor's name and mailing address Nichole Silva 102 Ocotillo Dr. Sunland Park, NM 88063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$369.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.472	Nonpriority creditor's name and mailing address NICOLE CHRISTINE SCHULTHEIS 182 EAST 95TH ST Apt 30C NY, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,890.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.473	Nonpriority creditor's name and mailing address Noa Ron <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$444.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.474	Nonpriority creditor's name and mailing address Noah Robertson 3838 26th Street North Arlington, VA 22207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.475	Nonpriority creditor's name and mailing address Noam Eliyahu Bechhofer Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.476	Nonpriority creditor's name and mailing address NOLS 284 Lincoln St Lander, WY 82520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,400.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.477	Nonpriority creditor's name and mailing address North Carolina State University 4130 Talley Student Center Campus Box 7306 Raleigh, NC 27695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$879.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478	Nonpriority creditor's name and mailing address North Dakota State University PO Box 6050, Dept 4620 Fargo, ND 58108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,880.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.479	Nonpriority creditor's name and mailing address Northeastern Illinois Univ (NEIU) 5500 North St. Louis Avenue Chicago, IL 60625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$448.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.480	Nonpriority creditor's name and mailing address Northeastern University 360 Huntington Avenue 301 L-Hall Boston, MA 21115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$799.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.481	Nonpriority creditor's name and mailing address Nueva School 6565 Skyline Boulevard Hillsborough, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.482	Nonpriority creditor's name and mailing address Ohio State University 700 Ackerman Rd Suite 360 Columbus, OH 43202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,315.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.483	Nonpriority creditor's name and mailing address OLIVER JOHN HOLDEN 11 Whittier Road Wellesley, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,425.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.484	Nonpriority creditor's name and mailing address OLIVIA GRACE Anderson Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,080.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.485	Nonpriority creditor's name and mailing address Olivia Laurel Gerstenbacher 127 Upper Neck Road Pittsgrove, NJ 08318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$512.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.486	Nonpriority creditor's name and mailing address Olivia Michele Dufour 1000 Capistrano Ct, apt 302 Frederick, MD 21703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$227.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.487	Nonpriority creditor's name and mailing address OLIVIA NICOLE PAGE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$296.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.488	Nonpriority creditor's name and mailing address One Heart Source PO Box 24293 Los Angeles, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,562.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
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3.489	Nonpriority creditor's name and mailing address <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$633.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.490	Nonpriority creditor's name and mailing address Pacific Lutheran University 12180 Park Ave S Tacoma, WA 98447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$670.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.491	Nonpriority creditor's name and mailing address Pacific Northwest Staff Union 306 Ne 76th St Seattle, WA 98115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$915.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.492	Nonpriority creditor's name and mailing address Pamela Kaye Willoughby 107 Snyder Dr. Townville, SC 29689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,765.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.493	Nonpriority creditor's name and mailing address PATRICIA M KELLER <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$732.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.494	Nonpriority creditor's name and mailing address Patrick Henkhaus 46 Goldfinch Circle Iowa City, IA 52245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$333.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.495	Nonpriority creditor's name and mailing address Paul Dominik Kurek <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="background-color: black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.496	Nonpriority creditor's name and mailing address PAYTON BRIANNA STRAUB <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,771.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.497	Nonpriority creditor's name and mailing address Payton R Leo 7723 Hunters Pointe Brighton, MI 48116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$289.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.498	Nonpriority creditor's name and mailing address Peter Elliot Boyd 1405 Lee Side Cove Cordova, TN 38016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$886.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.499	Nonpriority creditor's name and mailing address Philip DeCandia 6 Kitteridge Place Beacon, NY 12508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,422.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.500	Nonpriority creditor's name and mailing address Pilar Cruz 4301 Nesmith Road Plant City, FL 33567 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.501	Nonpriority creditor's name and mailing address Ping Hui Chang <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100px; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,190.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.502	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SVS LLC P.O. BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$178.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
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3.503	Nonpriority creditor's name and mailing address Pitney Bowes Leasing 2225 American Dr. Neenah, WI 54956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,440.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leasing Charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.504	Nonpriority creditor's name and mailing address PNC Bank c/o Escheat Dept-SDB 500 1st Ave PHILADELPHIA, PA 19182-2402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Safety deposit box</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.505	Nonpriority creditor's name and mailing address Pomona College 333 N College Way Claremont, CA 91711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,859.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.506	Nonpriority creditor's name and mailing address Principia College Abroad Office One Maybeck Place Elsah, IL 62028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,987.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.507	Nonpriority creditor's name and mailing address Prostar Arizona P.O. BOX 113000 CARROLLTON, TX 75011-3000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$260.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental Water Cooler;</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.508	Nonpriority creditor's name and mailing address PUCK ASKEW 140 MICHIGAN AVE ASHEVILLE, NC 28806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.509	Nonpriority creditor's name and mailing address Purdue University 155 S Grant St West Lafayette, IN 47907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,385.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known)	21-10511
3.510	Nonpriority creditor's name and mailing address Purdue University College of Agriculture 615 W. State Street West Lafayette, IN 47907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,877.69
3.511	Nonpriority creditor's name and mailing address PXP The Corn Mill Stanstead Abbots Herts SG12 8XL United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PXP invoice July 2020; Transactions on STA Travel Bespoke pricing matrix</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.97
3.512	Nonpriority creditor's name and mailing address Quench PO Box 781393 Philadelphia, PA 19178-1393 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Annual Maintenance 01Aug20-31Oct20;</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.37
3.513	Nonpriority creditor's name and mailing address Quynhanh Hung Pham 13893 SE 64th Street Bellevue, WA 98006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.94
3.514	Nonpriority creditor's name and mailing address Rachel Elizabeth Brennen 2559 Lower Lake Road Seneca Falls, NY 13148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.65
3.515	Nonpriority creditor's name and mailing address Rachel Kritz [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.75
3.516	Nonpriority creditor's name and mailing address Rail Europe 333 Westchester Ave.Suite W2200 White Plains, NY 10604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rail Pass Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.48

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.517	Nonpriority creditor's name and mailing address Ramapo College Roukema Center For International Educati Mahwah, NJ 07430 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,858.75
3.518	Nonpriority creditor's name and mailing address Randall Lynn Sperry 415 N. Main ST Washington, IL 61571 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$684.14
3.519	Nonpriority creditor's name and mailing address Rebecca Anne Bisaccio <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.83
3.520	Nonpriority creditor's name and mailing address Rebecca Solari 312 New Scotland Ave B Albany, NY 12208 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$643.18
3.521	Nonpriority creditor's name and mailing address Rebekah Lyn Shipp 11600 Colbert Creek Loop 300 Raleigh, NC 27614 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.58
3.522	Nonpriority creditor's name and mailing address REESE LUKAS HAVEN 348 Flamingo Ave Naples, FL 34108 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,660.35
3.523	Nonpriority creditor's name and mailing address REIHAM GUNDY Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274.73

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.524	Nonpriority creditor's name and mailing address Reva Raghupathi 484 Cassatt Rd BERWYN, PA 19312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,884.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.525	Nonpriority creditor's name and mailing address Reyna Lynn Hager 504 13th ave n Sartell, MN 56377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$448.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.526	Nonpriority creditor's name and mailing address Richard Carleton Freeman II 1823 Mill Creek Drive Houston, TX 77008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$535.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.527	Nonpriority creditor's name and mailing address Richard Cordova Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.528	Nonpriority creditor's name and mailing address Richard Russell <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,403.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.529	Nonpriority creditor's name and mailing address Ricki Fink 721 hillcrest pl valley stream, NY 11581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$407.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.530	Nonpriority creditor's name and mailing address Riverside Community College RCCD Study 3801 Market Street Riverside, CA 92501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,949.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.531	Nonpriority creditor's name and mailing address Rivkah Horowitz 1126 58 street Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$316.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.532	Nonpriority creditor's name and mailing address ROBERT ANTTI OLIVER IRENIUS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,199.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.533	Nonpriority creditor's name and mailing address Robert Kim [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,014.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.534	Nonpriority creditor's name and mailing address Rodany Hernandez Hc-02 box 11945 Moca, PR 00676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$305.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.535	Nonpriority creditor's name and mailing address Rohan Oprisko [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$551.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.536	Nonpriority creditor's name and mailing address Rong Hu 3028 Wilmette Ave. Wilmette, IL 60091 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,151.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.537	Nonpriority creditor's name and mailing address Rosen Dimov 1 Contemporary dr. Danbury, CT 06811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$838.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
--------	--	------------------------	----------

3.538	Nonpriority creditor's name and mailing address Rosen Dimov 1 Contemporary dr. Danbury, CT 06811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$403.51</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.539	Nonpriority creditor's name and mailing address Ruini Yu 421 S 15ST 4TH Floor Philadelphia, PA 19146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$604.17</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.540	Nonpriority creditor's name and mailing address Rutgers University New Brunswick Ctr for Global Education 102 College Avenue New Brunswick, NJ 08901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$592.09</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.541	Nonpriority creditor's name and mailing address Ryan Dudenbostel Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,363.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.542	Nonpriority creditor's name and mailing address RYLEE ROSE STANFORD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$571.54</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.543	Nonpriority creditor's name and mailing address Ryman Robert Crone [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$974.57</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.544	Nonpriority creditor's name and mailing address Sacred Heart University Irish Studies 5151 Park Avenue Fairfield, CT 06825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$157.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known) 21-10511
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3.545	Nonpriority creditor's name and mailing address Salem State University 352 Lafayette St Salem, MA 01970 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$257.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.546	Nonpriority creditor's name and mailing address SAM SCHLISSELFELD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$578.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.547	Nonpriority creditor's name and mailing address Samantha Kay Snowden [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,654.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.548	Nonpriority creditor's name and mailing address Samuel Andersen Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.549	Nonpriority creditor's name and mailing address Samuel Prakash Mani 32 Reeve Road Owhata, Rotorua New Zealand 03010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$936.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.550	Nonpriority creditor's name and mailing address SAMUEL SARGENT LYMAN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$446.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.551	Nonpriority creditor's name and mailing address Sanam Sheriff 520 Westgate Ave, Apt #304 University City, MO 63130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$660.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. Name	Case number (if known) 21-10511
--------	-------------------------	---------------------------------

3.552	Nonpriority creditor's name and mailing address Sandi Kristina Assaf <div style="background-color: black; width: 100px; height: 15px; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$383.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.553	Nonpriority creditor's name and mailing address Sandra L Fritsch 665 N Marion St Denver, CO 80218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$994.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.554	Nonpriority creditor's name and mailing address SANDRA MATHERN SMITH Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.555	Nonpriority creditor's name and mailing address SANDRA Tuttle Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.556	Nonpriority creditor's name and mailing address Sara Bronstad 1637 MITSCHER AVE Eau Claire, WI 54701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$422.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.557	Nonpriority creditor's name and mailing address Sara C Wang <div style="background-color: black; width: 150px; height: 15px; margin: 2px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$488.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.558	Nonpriority creditor's name and mailing address Sarah Caro 3060 Lawton Avenue Bronx, NY 10465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$419.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.559	Nonpriority creditor's name and mailing address Sarah Grace Baker 7621 NE 141st St. Kirkland, WA, WA 98034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$676.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.560	Nonpriority creditor's name and mailing address SARAH HE 9396 Lexford Way BRIGHTON, MI 48114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$742.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.561	Nonpriority creditor's name and mailing address SARAH LAUREN JIMENEZ 5112 Cliff Haven Dr Dallas, TX 75236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,621.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.562	Nonpriority creditor's name and mailing address SARAH LEONE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,942.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.563	Nonpriority creditor's name and mailing address Sasha Elizabeth Bobrowicz [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$629.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.564	Nonpriority creditor's name and mailing address SAVANNAH DENISE PAGE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$870.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.565	Nonpriority creditor's name and mailing address School Art Institute of Chicago 36 South Wabash Avenue chicago, IL 60603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor STA Travel Inc.
NameCase number (if known) 21-10511

3.566 Nonpriority creditor's name and mailing address

School of Visual Arts
209 East 23rd Street
NEW YORK, NY 10010

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$243.67

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.567 Nonpriority creditor's name and mailing address

Sean Patrick Kelly
10 Bald Hill Road
Newmarket, NH 03857

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$495.92

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.568 Nonpriority creditor's name and mailing address

Seiya Ohta
[REDACTED]
[REDACTED]
[REDACTED]

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$381.95

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.569 Nonpriority creditor's name and mailing address

SHAINDY SIMON

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$604.04

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.570 Nonpriority creditor's name and mailing address

Shamshon Z Gershenfeld

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$685.00

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.571 Nonpriority creditor's name and mailing address

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$285.67

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

3.572 Nonpriority creditor's name and mailing address

SHARON ANN CAMERON

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

\$400.00

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Customer Refund for cancelled/terminated travelIs the claim subject to offset? ☒ No ☐ Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.573	Nonpriority creditor's name and mailing address SHAUL LANDMAN 847 Midwood Street 2ND FLOOR Brooklyn, NY 11203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$568.00
3.574	Nonpriority creditor's name and mailing address Sheila Smith <div style="background-color: black; height: 1.2em; width: 150px; margin: 2px 0;"></div> <div style="background-color: black; height: 1.2em; width: 170px; margin: 2px 0;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.00
3.575	Nonpriority creditor's name and mailing address SHELBY GREENE 5922 Wild River View SUGAR HILL, OH 43962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.00
3.576	Nonpriority creditor's name and mailing address Shelia Larson Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.577	Nonpriority creditor's name and mailing address SHIH JOU LIU 5F., No.1, Ln. 376, Huanjin Rd., Jinshan Dist., New Taipei City Taiwan 00208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,015.27
3.578	Nonpriority creditor's name and mailing address Shimshon Merlin 173 Maple Ave Monsey, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.00
3.579	Nonpriority creditor's name and mailing address Siena Susan Kamato Mizuno 111 Lukia Street Hilo 96720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407.45

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.580	Nonpriority creditor's name and mailing address Sierra Grace Killett 135 Martin Avenue Princeton, WV 24739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.49
3.581	Nonpriority creditor's name and mailing address SIMOGNE STARR HUDSON [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.80
3.582	Nonpriority creditor's name and mailing address SIMONE Louise WHOOLEY 2 Glen Rock Dr The Hills, TX 78738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.89
3.583	Nonpriority creditor's name and mailing address Simpson College 701 North C Street Indianola, IA 50125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,212.91
3.584	Nonpriority creditor's name and mailing address Skye Alexa Wojciechowski [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.75
3.585	Nonpriority creditor's name and mailing address Small Business Administration 409 3rd St., SW Washington, DC 20416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.586	Nonpriority creditor's name and mailing address SOLOMON JUDAH BUCHLER Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,256.00

Debtor	STA Travel Inc.	Case number (if known)	21-10511
Name			
3.587	Nonpriority creditor's name and mailing address Sophia Suzanne Lucidi 504 East Camden Ave Moorestown, NJ 08057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.17
3.588	Nonpriority creditor's name and mailing address SOPHIE POTTS 224 ELIZABETH ST #17 NY, NY 10012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.81
3.589	Nonpriority creditor's name and mailing address St Catherine University 2004 Randolph Ave. St Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00
3.590	Nonpriority creditor's name and mailing address ST JOHNS UNIVERSITY Office of Global Studies St. John's Univ Queens, NY 11439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.78
3.591	Nonpriority creditor's name and mailing address St. Stephen's and St. Agnes School 1000 St Stephens Rd Alexandria, VA 22304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
3.592	Nonpriority creditor's name and mailing address STA Travel International Ltd. (UK) 6 Snow Hill London EC1A 2AY United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany loan - STA Travel International Ltd.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,386,599.84
3.593	Nonpriority creditor's name and mailing address STA Travel UK 6 Snow Hill London EC1A 2AY United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inter Company Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,398.51

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.594	Nonpriority creditor's name and mailing address Stephanie Camilla Yanez 891 Birch Rd East Lansing, MI 48825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$618.95
3.595	Nonpriority creditor's name and mailing address Stephanie Cecilia Lavayen 9 Fossa Ter Beverly, MA 01915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$749.85
3.596	Nonpriority creditor's name and mailing address STEPHANIE DONNAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974.64
3.597	Nonpriority creditor's name and mailing address stephanie jill gordon 16 King St. Dobbs Ferry, NY 10522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.16
3.598	Nonpriority creditor's name and mailing address Steven Garcia [REDACTED] [REDACTED] [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,192.16
3.599	Nonpriority creditor's name and mailing address Stowebridge 6280 West Erie Street Chandler, AZ 85226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office supplies; and marketing material</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,679.88
3.600	Nonpriority creditor's name and mailing address SUSAN LYNN TORNETTO 9835 BAPTIST CHURCH RD SAINT LOUIS 63123-4901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.38

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.601	Nonpriority creditor's name and mailing address Sushila Devi Poudel <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$645.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.602	Nonpriority creditor's name and mailing address Susie Duke 1226 Park Street Grinnell, IA 50112 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.603	Nonpriority creditor's name and mailing address Sydnee Morgan Schuetz 2855 Oakbrooke Ln West Bloomfield, MI 48323 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$579.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.604	Nonpriority creditor's name and mailing address SYDNEY ELLEN GILL 5445 Shoal Brook Ct CHARLOTTE, NC 28277 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$215.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.605	Nonpriority creditor's name and mailing address TABITHA JAYNE WARNER BAVINGTON Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$927.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.606	Nonpriority creditor's name and mailing address Talosaga Malu 55 Seaview Rd, Paremata, Porirua Wellington New Zealand 05024 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$360.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.607	Nonpriority creditor's name and mailing address Tanner Falkowski <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$566.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.608	Nonpriority creditor's name and mailing address TAYLOR LEE JACKSON Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,274.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.609	Nonpriority creditor's name and mailing address TEAGAN HIPPI W310N6431 Lakeview Lane HARTLAND, WI 53029 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$326.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.610	Nonpriority creditor's name and mailing address Temple University Accounts Payable 1805 N. Broad Street 10 Philadelphia, PA 19122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$847.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.611	Nonpriority creditor's name and mailing address Teresa DelGiudice 6 Tulip Crescent # 1A Little Falls, NJ 07424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$466.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.612	Nonpriority creditor's name and mailing address TESSA ROXANNE FOLEY 19131 Richmond Beach Dr NW Shoreline, WA 98177 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,147.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.613	Nonpriority creditor's name and mailing address Thais Lima Marques Rua Jair Guaracy, 388 Centenario Lavras Brazil 03720-3634 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.614	Nonpriority creditor's name and mailing address Thomas Alexander Burns 4244 Indian Glen Dr Okemos, MI 48864 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,076.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.615	Nonpriority creditor's name and mailing address Thomas OHare 632 11th St Apt 9 NY, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,103.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.616	Nonpriority creditor's name and mailing address TIAA Bank P.O. Box 911608 DENVER, CO 80291-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,487.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bank Charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.617	Nonpriority creditor's name and mailing address TIAA Bank P.O. Box 911608 DENVER, CO 80291-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$503.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental and insurance charges for 4 printers in the Tempe office.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.618	Nonpriority creditor's name and mailing address Tim Anagnostis Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,837.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.619	Nonpriority creditor's name and mailing address Timm Watrous 112 Flynn Branch Road Asheville, NC 28804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,887.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.620	Nonpriority creditor's name and mailing address Tina Nicole Violet Freshwater 1309 69th Street Eas Tacoma, WA 98404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$392.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.621	Nonpriority creditor's name and mailing address Tony El Ghazal 1927 ORRINGTON AVE APT 8316 EVANSTON, IL 60201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$808.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>STA Travel Inc.</u> Name		Case number (if known) <u>21-10511</u>	
3.622	Nonpriority creditor's name and mailing address Tory Tatro 7 school street Montpelier, VT 05602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200.73</u>
3.623	Nonpriority creditor's name and mailing address TRAVIS JAMES HAWKINS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,319.74</u>
3.624	Nonpriority creditor's name and mailing address Trent Tresch 3920 stone way n Seattle, WA 98103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$322.80</u>
3.625	Nonpriority creditor's name and mailing address Trent Tresch 3920 stone way n Seattle, WA 98103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$196.80</u>
3.626	Nonpriority creditor's name and mailing address Trinity University 1 Trinity Pl San Antonio, TX 78212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$405.24</u>
3.627	Nonpriority creditor's name and mailing address TRISTAN MACKENZIE Dahl Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$455.91</u>
3.628	Nonpriority creditor's name and mailing address Tzell Park Ave 2820 Dewey Ave Rochester, NY 14616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,879.94</u>

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.629	Nonpriority creditor's name and mailing address TZU HAN CHIANG 5F., No. 1095-1, Zhongzheng Rd., Taoyuan Dist., Taoyuan City Taiwan 00330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.630	Nonpriority creditor's name and mailing address UC Irvine UC Items D 200 Student Center Irvine, CA 92697 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,174.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.631	Nonpriority creditor's name and mailing address UCLA - Corporate UCLA International Education Office B-30 Los Angeles, CA 90095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$395.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.632	Nonpriority creditor's name and mailing address Ugochinyere Amanda Obijaku Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$780.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.633	Nonpriority creditor's name and mailing address ULIANA KOLYSNICHENKO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.634	Nonpriority creditor's name and mailing address UNC Greensboro 1400 Spring Garden St Greensboro, NC 27412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,406.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.635	Nonpriority creditor's name and mailing address University of Alabama 301 Sparkman Drive Huntsville, AL 35899 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,172.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.636	Nonpriority creditor's name and mailing address University of Georgia -Discover Abroad (Room 102, Warnell Building Four 180 East Green Street Athens, GA 30602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,203.23
3.637	Nonpriority creditor's name and mailing address University of Hartford Gengras Student Union Room 328 200 Bloom West Hartford, CT 06117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,543.30
3.638	Nonpriority creditor's name and mailing address University of Houston One Main Street Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,657.95
3.639	Nonpriority creditor's name and mailing address University of Nebraska Lincoln 127 Love South Lincoln, NE 68588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.640	Nonpriority creditor's name and mailing address University of North Texas 1155 Union Cir Denton, TX 76203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,836.50
3.641	Nonpriority creditor's name and mailing address URSULA KARIN AUCLAIR 280 9TH AVE APT 16D NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,368.85
3.642	Nonpriority creditor's name and mailing address VERNEDA LEE STONEHOUSE 3190 BROOKLINE ST BERKLEY, MI 48072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,366.72

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.643	Nonpriority creditor's name and mailing address virma berenicce camarena <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$564.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.644	Nonpriority creditor's name and mailing address VLADIMIR LYUBOMIROV ANDONOV Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,186.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.645	Nonpriority creditor's name and mailing address VWP REALTY (TEMPE 20 EAST UNIVERSITY DRI 411 West Putnam Avenue Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>June - Petition Date Rent and service fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.646	Nonpriority creditor's name and mailing address Washington L&I PO Box 34974 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$240.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Industrial Insurance ACCT ID 88563902; July 13,2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.647	Nonpriority creditor's name and mailing address WEI CHAO CHEN No. 3, Ln. 1261, Zhongming S. Rd., South Dist., Taichung City, Taiwan Taichung 00402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.648	Nonpriority creditor's name and mailing address WEI WEN HUANG 3F., No. 459, Da an Rd., Shulin Dist. Shulin Dist., New Taipei City Taiwan 23849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$979.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.649	Nonpriority creditor's name and mailing address West Chester University 317 Sturzebecker Healt Sciences Center West Chester, PA 19383 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.650	Nonpriority creditor's name and mailing address West Valley College 14000 Fruitvale Ave Saratoga, CA 95070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.651	Nonpriority creditor's name and mailing address Wheaton College (Massachusetts) 26 E. Main Street Norton, MA 02766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,689.23</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.652	Nonpriority creditor's name and mailing address Wildlands Studies PO Box 2098 Aptos, CA 95001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,047.42</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.653	Nonpriority creditor's name and mailing address William Henry Weir 50 Alderbrook Court Wrentham, MA 02093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$544.92</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.654	Nonpriority creditor's name and mailing address World Nomads Level 21 680 George st Sydney, NSW 02000-0000 Australia Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,024.71</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>February Statement 2020 (additional Amounts undetermined)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.655	Nonpriority creditor's name and mailing address World Strides 218 West Water Street, Suite 400 Charlottesville, VA 22902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,696.07</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.656	Nonpriority creditor's name and mailing address Worldpay 6th Floor, 3 Hardman Square Manchester M3 3EB United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$250,000.00</u> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Monthly processing fees - key supplier merchant services processing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	STA Travel Inc. <small>Name</small>	Case number (if known)	21-10511
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3.657	Nonpriority creditor's name and mailing address Yaquelin Vanessa Montes De Oca 110 E.9th Court Hialeah, FL 33010 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.81
3.658	Nonpriority creditor's name and mailing address YEHUDA AARON Davis Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.659	Nonpriority creditor's name and mailing address Yehuda Sussman 1427 54th street Brooklyn, NY 11219 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$512.00
3.660	Nonpriority creditor's name and mailing address YESUCHER Rokeach Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.60
3.661	Nonpriority creditor's name and mailing address Ying Luo 438 South Catalina Avenue Pasadena, CA 91106 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$797.90
3.662	Nonpriority creditor's name and mailing address Yocheved Malka Soskil 6017 Berkeley Ave Baltimore, MA 02209 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$841.51
3.663	Nonpriority creditor's name and mailing address yuchu chou 3F., No. 34, Ln. 63, Yanji St., Kaohsiung City 00807 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund for cancelled/terminated travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,104.88

Debtor STA Travel Inc. Case number (if known) 21-10511

Name

3.664 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$442.79
 Zackary Kyle Ottoson
 1705 Heatheridge Road
 Littleton, CO 80525
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Customer Refund for cancelled/terminated travel
Last 4 digits of account number _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.665 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$655.78
 Zeneh Farhan
 [REDACTED]
 [REDACTED]
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Customer Refund for cancelled/terminated travel
Last 4 digits of account number _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.666 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$338.83
 Zoria May Kamholtz Roberts
 139 Ridge Ave
 2
 Evanston, IL 60202
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Customer Refund for cancelled/terminated travel
Last 4 digits of account number _____
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ 540.87
5b. +	\$ 3,416,664.87
5c.	\$ 3,417,205.74

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Standard Form of Store Lease dated January 14, 1981
Debtor is current on lease obligations and offers have been received from new proposed tenant for assignment of lease. Rent prepaid on January 15, 2010 in the amount of \$2,160,000 to be applied to rent accrual prorated over 20 year term of lease. (approximately \$990,000 remaining on rent prepayment credit) through 1/13/2031

State the term remaining

List the contract number of any government contract

722 Owners Corporation
722 Broadway
New York, NY 10003

2.2. State what the contract or lease is for and the nature of the debtor's interest

Payment Processing Agreement

State the term remaining

List the contract number of any government contract

Fiserv
255 Fiserv Drive
Brookfield, WI 53045

2.3. State what the contract or lease is for and the nature of the debtor's interest

Exclusive Representative Agreement regarding International Student Identity Card, International Teacher Identity Card and International Youth Identity Card, dated 1 September 2015

ISIC Association
Nytrov 5, 1450 Copenhagen Denmark

Debtor 1 STA Travel Inc.

Case number (if known) 21-10511

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining Terminated 9/4/2020

List the contract number of any government contract _____

2.4. State what the contract or lease is for and the nature of the debtor's interest Data Processing Agreement concerning International Student Identity Card, International Teacher Identity Card and International Youth Identity Card

State the term remaining Terminated 9/4/2020

List the contract number of any government contract _____

ISIC Association
Nytov 5
1450 K benhavn K
Danmark

2.5. State what the contract or lease is for and the nature of the debtor's interest User Agreement

State the term remaining

List the contract number of any government contract _____

PayPal, Inc.
2211 North First Street
San Jose, CA 95131

2.6. State what the contract or lease is for and the nature of the debtor's interest Postage Meter

State the term remaining Unknown

List the contract number of any government contract _____

Pitney Bowes
222 S. American Drive
Neenah, WI 54956

2.7. State what the contract or lease is for and the nature of the debtor's interest Water Cooler Lease

State the term remaining Unknown

List the contract number of any government contract _____

Prostar Arizona
P.O. BOX 113000
CARROLLTON, TX 75011-3000

2.8. State what the contract or lease is for and the nature of the debtor's interest Tempe Arizona Lease Secured by Irrevocable Standby Letter of Credit in the amount of \$391,767.52 pledged by STA Travel International Ltd. (UK entity)

Tempe 20 East University Drive LLC
411 West Putnam Ave
Greenwich, CT 06830

Debtor 1 STA Travel Inc.

First Name

Middle Name

Last Name

Case number (if known) 21-10511

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining 128 months from
commencement date
(2/2019)

List the contract number of any
government contract _____

2.9. State what the contract or
lease is for and the nature of
the debtor's interest Copier/Printer Lease

State the term remaining Unknown

List the contract number of any
government contract _____

TIAA Bank
P.O. Box 911608
DENVER, CO 80291-1608

2.10. State what the contract or
lease is for and the nature of
the debtor's interest Payment Processing
Agreement

State the term remaining Unknown

List the contract number of any
government contract _____

Worldpay
6th Floor, 3 Hardman Square
Manchester M3 3EB
United Kingdom

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 Framington
Resources
Corporation

551 Fifth Avenue
New York, NY 10176
Former Tenant

722 Owners
Corporation

☐ D _____

☐ E/F _____

☒ G 2.1

Fill in this information to identify the case:Debtor name STA Travel Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10511☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 31, 2021**X** /s/ Anthony Mercer

Signature of individual signing on behalf of debtor

Anthony Mercer

Printed name

Treasurer

Position or relationship to debtor